DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name, and

I believe that I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled TREATMENTS FOR NEUROGENETIC DISORDERS, IMPULSE CONTROL DISORDERS, AND WOUND HEALING specification for which

☑ is attached l	nereto		
	, Serial No		
_			dentified specification, including the claims, as
amended by any amendn	nent referred to above.		
I acknowledge	the duty to disclose informatio	n which is material to patentab	ility of this application in accordance with Title
37, Code of Federal Regi	ulations, §1.56(a).		
I hereby claim:	foreign priority benefits under	Title 35, United States Code §	119 and/or §365 of any foreign application(s)
for patent or inventor's c	ertificate listed below and have	e also identified any foreign	application for patent or inventor's certificate
having a filing date before	re that of the application on wh	nich priority is claimed:	
Application Serial No.	Country	Filing Date	Priority Claimed
Application		Pillio Data	Dura the Claimed
Serial No. 60/250,113	No.	Filing Date evember 30, 2000	Priority Claimed Yes
below and, insofar as the application(s) in the manimaterial information as d	ne subject matter of each of the ner provided by the first paragr	he claims of this application aph of Title 35, United States (eral Regulations, §1.56(a) whi	365 of any United States application(s) listed is not disclosed in the prior United States Code, §112, I acknowledge the duty to disclose the became available between the filing date of ion:
Application Serial No.	F	iling Date	Status (Patented, Pending, Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following persons registered to practice before the Patent and Trademark Office as my attorneys and agents with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith: the registrants of the firm Saliwanchik, Lloyd & Saliwanchik, A Professional Association, 2421 N.W. 41st Street, Suite A-1, Gainesville, FL 32606-6669, Customer ID No. 23,557.

I request that all correspondence be directed to Customer ID Number 23,557.

I further request that all telephone communications be directed to:

Frank C. Eisenschenk, Ph.D. 352-375-8100

Name of First or Sole	Inventor Nathan A	ndrew Shapira	l .		
Residence Gainesvi	lle, FL	Citizenship			
Post Office Address	9520 SW 38th Lane				
Gainesville, FL 32		08			
		Date			
Signature of First or S	ole Inventor	2 333			
******	*******	*******	**********		
Name of Second Joint	Inventor Mary Catl	herine Lessig			
Residence Gainesvii	lle, FL	Citizenship			
Post Office Address	2000 SW 16th Street Gainesville, FL 3260				
	Gamesville, FL 3200	Date			
Signature of Second Jo	oint Inventor	Date			

	nventor Daniel Jol		**********		
Name of Third Joint Ir	Daniel Jol	hn Driscoll	********		
Name of Third Joint In Residence Gainesvil	Daniel Jol	hn Driscoll Citizenship	*********		
Name of Third Joint In Residence Gainesvil Post Office Address	Daniel Johnson Daniel Johnson Daniel Johnson Britanie Bri	hn Driscoll Citizenship	*******		
Name of Third Joint In Residence Gainesvil	Daniel Johnson Daniel Johnson Daniel Johnson Britanie Bri	hn Driscoll Citizenship			
Name of Third Joint In Residence Gainesvil Post Office Address Signature of Third Join	Daniel Johnson Daniel Johnson Daniel Johnson Branch	hn Driscoll Citizenship 08 Date			
Name of Third Joint In Residence Gainesvil Post Office Address Signature of Third Join	Daniel Jol lle, FL 8724 SW 46th Lane Gainesville, FL 3260 nt Inventor	hn Driscoll Citizenship 08 Date			
Name of Third Joint In Residence Gainesvil Post Office Address Signature of Third Join ************************ Name of Fourth Joint I	Daniel Jol lle, FL 8724 SW 46th Lane Gainesville, FL 3260 nt Inventor	hn Driscoll Citizenship	*******		
Name of Third Joint In Residence Gainesvil Post Office Address Signature of Third Join ************************ Name of Fourth Joint I	nventor Daniel Jol lle, FL 8724 SW 46th Lane Gainesville, FL 3260 nt Inventor ***********************************	Citizenship Date Citizenship	*******		
Name of Third Joint In Residence Gainesvil Post Office Address Signature of Third Join ************** Name of Fourth Joint In Residence	nventor Daniel Jol lle, FL 8724 SW 46th Lane Gainesville, FL 3260 nt Inventor ***********************************	Citizenship Date Citizenship	********		